

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

09/94/942

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12	1		1			
13						
14		1		1		
15						
16		1		1		
17						
18						
19		1		1		
20						
21						
22						
23		1		1		
24		1		1		
25		1		1		
26						
27						
28						
29		1		1		
30	1		1			
31	1		1			
32		1		1		
33		1		1		
34		1		1		
35		1		1		
36						
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45						
46						
47						
48						
49						
50						
TOTAL IND.	3		4			
TOTAL DEP.	11		15			
TOTAL CLAIMS	14		19			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
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99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						